

# TRICARE Consumer Watch

## Pacific ♦ Quarter 3 FY 2006

HEALTH PROGRAM ANALYSIS & EVALUATION DIRECTORATE

Pacific: Sample size-2,960 Response rate-18.9%

Source: Health Care Survey of DoD Beneficiaries

### Inside Consumer Watch

TRICARE Consumer Watch is a brief summary of what TRICARE Prime enrollees in your region say about their healthcare. Data are taken from the Health Care Survey of DoD Beneficiaries (HCSDB). The HCSDB includes questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS), a survey designed to help consumers choose among health plans. Every quarter, a representative sample of TRICARE beneficiaries are asked about their care in the last 12 months and the results are adjusted for age and health status and reported in this publication.

Scores are compared with averages taken from the 2005 National CAHPS Benchmarking Database (NCBD), which contains results from surveys given to beneficiaries by civilian health plans.

### Health Care

Prime enrollees were asked to rate their healthcare from 0 to 10, where 0 is worst and 10 is best.

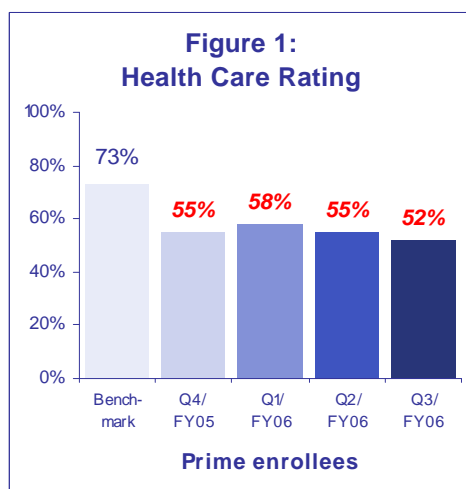
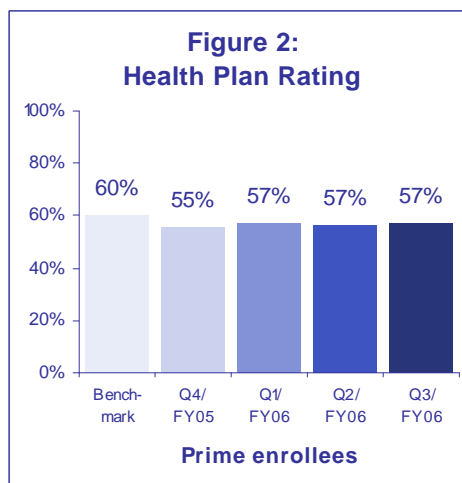


Figure 1 shows the percentage who rated their healthcare 8 or above in the survey fielded in the 3<sup>rd</sup> quarter of fiscal year 2006, describing the period

April 2005 to March 2006, and each of the 3 previous quarters. Numbers in red italics are significantly different from the benchmark ( $p < .05$ ). Health care ratings depend on things like access to care, and how patients get along with the doctors, nurses, and other care providers who treat them.

### Health Plan

Prime enrollees were asked to rate their health plan from 0 to 10, where 0 is worst and 10 is best. Figure 2 shows the percentage who rated their plan 8 or above for each reporting period.

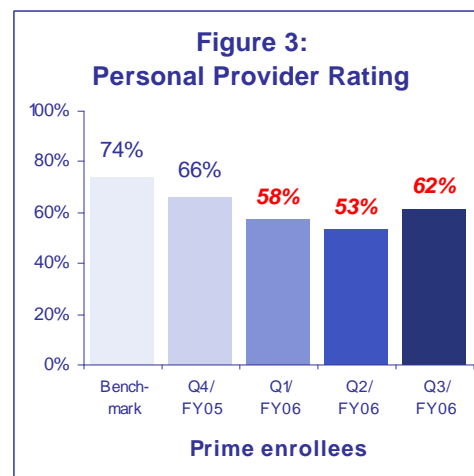


Health plan ratings depend on access to care and how the plan handles things like claims, referrals and customer complaints.

### Personal Provider

Prime enrollees who have a personal provider were asked to rate their personal provider from 0 to 10, where 0 is worst and 10 is best.

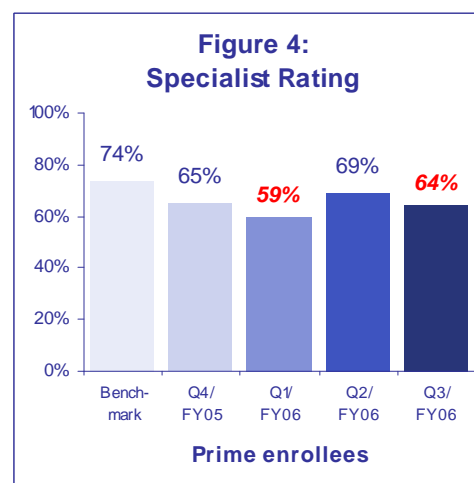
Figure 3 shows the percentage who rated their doctor 8 or above for each reporting period. Personal doctor ratings depend on how the patient gets along with the one doctor responsible for their basic care.



### Specialist

Enrollees who have consulted specialist physicians were asked to rate from 0 to 10 the specialist they had seen most in the previous 12 months.

Figure 4 shows the proportion of enrollees who rated their specialist 8 or above for each reporting period. Specialist ratings depend on beneficiaries' access to doctors with the special skills they need.



## Health Care Topics

Health Care Topics scores average together results for related questions. Each score is the percentage who “usually” or “always” got treatment they wanted or had “no problem” getting a desired service. Asterisks show values significantly different from the NCBD benchmark ( $p < .05$ ).

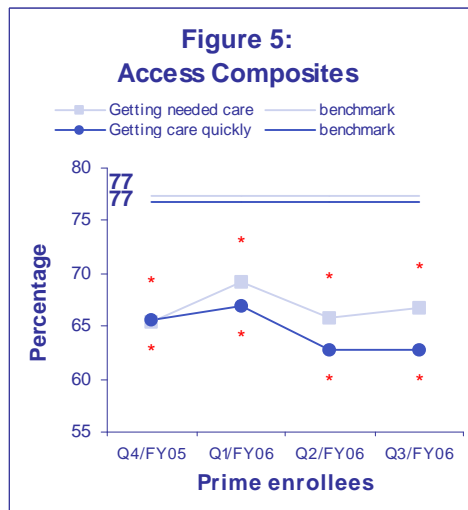
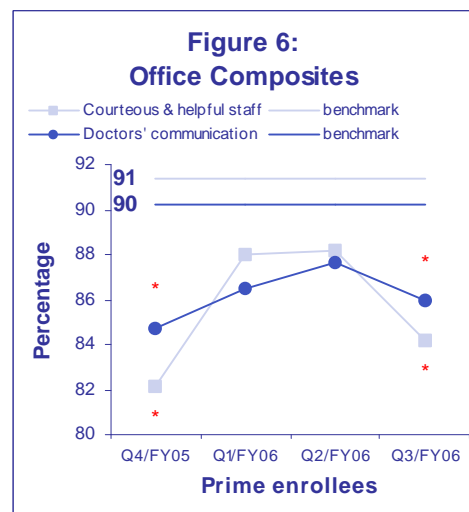


Figure 5 (Access Composites) includes the composites “Getting needed care” and “Getting care quickly.” Scores in “Getting needed care” are based on patients’ problems getting referrals and approvals and finding a good doctor. “Getting care quickly” scores concern how long patients wait for an appointment or wait in the doctor’s office.

Figure 6 (Office Composites) includes the composites “Courteous and helpful office staff” and “How well doctors communicate.” Scores in “How well doctors communicate” are based on whether the doctor spends enough time with patients, treats them respectfully and answers their questions. “Courteous and helpful staff” scores measure both the courtesy and helpfulness of doctor’s office staff.

Figure 7 (Claims/Service Composites) includes composite scores for “Customer service” and “Claims processing.” Scores in the “Customer service” composite concern patients’

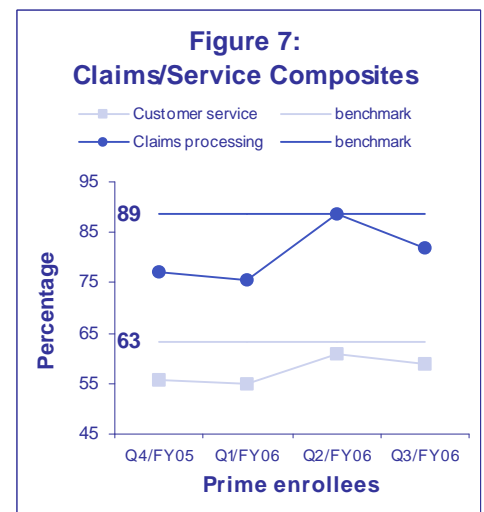
ability to get information about their health plan and manage its paperwork. “Claims processing” scores are based on both the timeliness and correctness of plan’s claims handling.



## Preventive Care

The preventive care table compares Prime enrollees’ rates for diagnostic screening tests and smoking cessation with goals from Healthy People 2010, a government initiative to improve Americans’ health by preventing illness.

The mammography rate shown is the proportion of women 40 or above with a mammogram in the past two years. Pap smear is the proportion of adult women screened for cervical cancer in the past three years. Hypertension is the proportion of



adults whose blood pressure was checked in the past two years and who know whether their pressure is too high. Prenatal care is the proportion of women pregnant now or in the past 12 months who received prenatal care in their first trimester. Normal weight is defined by Department of Agriculture guidelines based on body mass index (BMI), which is calculated from height and weight. The non-smoking rate is the proportion of adults who have not smoked in over a year. Counseled to quit is the number of smokers whose doctor told them to quit, over the number of smokers with an office visit in the past 12 months.

Rates that are significantly different ( $p < .05$ ) from the Healthy People 2010 goal are shown by red italics.

Preventive Care					
Type of Care	Qtr 4 FY 2005	Qtr 1 FY 2006	Qtr 2 FY 2006	Qtr 3 FY 2006	Healthy People 2010 Goal
Mammography (women ≥ 40)	.	79	74	78 (36)	70
Pap Smear (women ≥ 18)	95	96	98	97 (149)	90
Hypertension Screen (adults)	90	86	84	88 (386)	95
Prenatal Care (in 1st trimester)	68	.	.	.	90
Percent Not Obese (adults)	84	87	86	87 (380)	85
Non-Smokers (adults)	79	75	70	76 (375)	88
Counseled to Quit (adults)	71	62	69	64 (76)	-